## 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

FOR SE OF FORM 24/48				
NAME OF COMMITTE (In Full)  FEC IDENTIFICATION NUMBER ▼				
	OOPERATIVE OF AMERICAN PHYSICIANS IE COMMITTEE		C C00492116	
Check If Z 24-hour report 48-hour report Mew report Amends report filed on				
	Full Name (Last, First, Middle Initial) of Payee			
	Chris Jones Consulting	Date	/ M / D D / Y Y Y Y	
	Mailing Address 3245 Granite Creek PI	Amour	10 31 2012	
	City State Zip Code			
	Newcastle CA 95658		3430.68 ction ID : WFT20121011049-1	
	Purpose of Expenditure Telephone Calls  Category/ Type	Office Sough	Senate District: 36	
	Name of Federal Candidate Supported or Opposed by Expenditure:  Mack Bono Mary	Check One:	President  Support  Oppose	
	Calendar Year-To-Date Per Election for Office Sought	Disbursemer 2012 Ot	nt For: Primary General	
	Full Name (Last, First, Middle Initial) of Payee Revolution Media	Date		
-	Mailing Address 1020 Princess Street	_ L	11 01 2012	
-	5 1020 1 III.0033 0.1001		Amount	
	City State Zip Code		7000000	
-	Alexandria VA 22314	Transa	70000.00 action ID : WFT20121011050-1	
	Purpose of Expenditure Radio & Television Advertisement  Category/ Type	Office Sough		
	Name of Federal Candidate Supported or Opposed by Expenditure:		President	
	Kerrey Bob	Check One:	Support X Oppose	
	Calendar Year-To-Date Per Election for Office Sought	Disbursemer 2012 Ot	nt For: Primary General ther (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTAL of Unitemized Independent Expenditures				
	(c) TOTAL Independent Expenditures			
١	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
	Pessner Alan Kirk  [Electronically Filed] Date	M = M /	01	
	Signature			